



PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

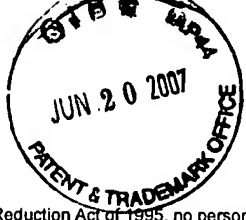
| | | |
|---|------------------------|---------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/612,876 |
| | Filing Date | July 7, 2003 |
| | First Named Inventor | John C. JONES |
| | Art Unit | 2629 |
| | Examiner Name | D. Q. Dinh |
| Total Number of Pages in This Submission | Attorney Docket Number | 527122000300 |

ENCLOSURES (Check all that apply)

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard Copies of IDS citations (4 references) |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-------------------------|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP | | |
| Signature | | | |
| Printed name | Alex Chartove | | |
| Date | June 20, 2007 | Reg. No. | 31,942 |



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| | | | |
|---|--|--------------------------|---------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006 | | Complete if Known | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/612,876 |
| TOTAL AMOUNT OF PAYMENT (\$) | | Filing Date | July 7, 2003 |
| 180.00 | | First Named Inventor | John C. JONES |
| | | Examiner Name | D. Q. Dinh |
| | | Art Unit | 2629 |
| | | Attorney Docket No. | 527122000300 |

| | |
|---|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: 03-1952 |
| Deposit Account Name: Morrison & Foerster LLP | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|---------------------|---|--------------------------------|----------------------|----------------------------------|-----------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | | Small Entity | | Small Entity | | Small Entity | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | Small Entity | |
| Fee Description | | | | | | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | |
| 14 | | = | x | = | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 3 | | = | x | = | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | |
| | - 100 = | /50 | (round up to a whole number) x | = | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | Fees Paid (\$) | |
| Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement | | | | | | 180.00 | |

| | | | |
|---------------------|----------------------|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | <i>Alex Chartove</i> | Registration No. (Attorney/Agent) | 31,942 |
| Name (Print/Type) | Alex Chartove | Telephone | (703) 760-7744 |
| | | Date | June 20, 2007 |



Patent
Docket No. 527122000300

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
John C. JONES et al.

Serial No.: 10/612,876

Filing Date: July 7, 2003

For: LIQUID CRYSTAL DEVICES WITH
GREYSCALE

Examiner: D. Q. Dinh

Group Art Unit: 2629

**INFORMATION DISCLOSURE
STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98**

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. §1.97 and § 1.98, Applicants submit for consideration in the above-identified application the documents listed on the attached Form PTO/SB/08a/b. Copies of foreign documents and non-patent literature are submitted herewith. The Examiner is requested to make these documents of record.

This Information Disclosure Statement is submitted after receipt of a first Office Action on the merits but before mailing of a final Office Action or Notice of Allowance. A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to this submission.

Applicants would appreciate the Examiner initialing and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

01 FC:1806


180.00 DA

The information contained in this Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist; (iii) the information, protocols, results and the like reported by third parties are accurate or enabling; or (iv) the above information constitutes prior art to the subject invention.

In the unlikely event that the transmittal form is separated from this document and the Patent and Trademark Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicants petition for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petition and/or other fees due in connection with the filing of this document to **Deposit Account No. 03-1952** referencing (527122000300).

Dated: June 20, 2007

Respectfully submitted,

By 
Alex Chartove

Registration No.: 31,942
MORRISON & FOERSTER LLP
1650 Tysons Blvd, Suite 400
McLean, Virginia 22102
(703) 760-7744



ALTERNATIVE TO PTO/SB/08A/B (04/07)

| | | | | | |
|--|---|----|---|--------------------------|---------------|
| Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary) | | | | Complete if Known | |
| | | | | Application Number | 10/612,876 |
| | | | | Filing Date | July 7, 2003 |
| | | | | First Named Inventor | John C. JONES |
| | | | | Art Unit | 2629 |
| | | | | Examiner Name | D. Q. Dinh |
| Sheet | 1 | of | 1 | Attorney Docket Number | 527122000300 |

| U.S. PATENT DOCUMENTS | | | | | |
|-----------------------|--------------------------|--|--------------------------------|--|---|
| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
| | | Number-Kind Code ² (if known) | | | |
| | 1. | 4,712,877 | 12-15-1987 | Okada et al. | |
| | 2. | 6,094,187 | 7-25-2000 | Jones et al. | |
| | 3. | 6,249,332 | 6-19-2001 | Bryan-Brown et al. | |

| FOREIGN PATENT DOCUMENTS | | | | | | |
|--------------------------|-----------------------|---|--------------------------------|---|---|----------------|
| Examiner Initials* | Cite No. ¹ | Foreign Patent Document | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T ⁶ |
| | | Country Code ³ -Number ⁴ -Kind Code ⁵ (if known) | | | | |
| | 4. | WO-02/08825 | 1-31-2002 | Qinetiq Limited | | |

*EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

| NON PATENT LITERATURE DOCUMENTS | | | | |
|---------------------------------|-----------------------|---|--|----------------|
| Examiner Initials ¹ | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | | T ² |
| | 5. | Bryan-Brown <i>et al.</i> (1997) "5.3: Grating Aligned Bistable Nematic Device", <i>SID 97 Digest</i> : 37 – 40 | | |
| | 6. | Bryan-Brown <i>et al.</i> (1998) "Optimisation of the Zenithal Bistable Nematic Liquid Crystal Device (ZBD TM)" <i>Asia Display 98</i> : 1051 – 1054 | | |
| | 7. | E.L. Wood <i>et al.</i> (2000) "11.2: Zenithal Bistable Device (ZBD TM) Suitable For Portable Applications", <i>SID 00 Digest</i> :124 – 127 | | |

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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|-----------------------|--------------------|
| Examiner Signature | Date Considered |
|-----------------------|--------------------|

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